



## CITY OF REDMOND APPLICATION

FOR:

**Low-Income Senior Citizen & Low-Income Disability Reduction in Water, Sewer,  
King County Wastewater Treatment and Storm Drain Rates\***

Utility Billing Department  
8701 160<sup>th</sup> AVE NE  
Redmond, WA. 98052  
425-556-2152  
[utilitybilling@redmond.gov](mailto:utilitybilling@redmond.gov)

Year \_\_\_\_\_

**- PLEASE FILL IN ALL AREAS COMPLETELY -**

1. Starting with yourself, list the name, social security #, and birthdate of everyone currently living in your household.

Name(s):

SS#

Birthdate:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

2. Service Address: \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. I am currently 62 years of age or older. ☐ Yes ☐ No

OR

I am over 18 years of age and totally and permanently disabled. ☐ Yes ☐ No

4. Are you? ☐ Single, one person household ☐ Married/Co-Tenants ☐ Divorced ☐ Widowed

5. Do you? ☐ Own House ☐ Own Condo ☐ Rent apt./condo/house

*If a renter, please provide a copy of an executive lease agreement which specifies the terms of the lease and that the lessee is responsible for the payment of the utilities.*

6. The combined total income from all applicants in question #1 meets the income requirements below.

☐ Yes ☐ No

**Low Income Senior Citizen:** Means the head of a single-family household as defined by Internal Revenue Service regulations who has attained the age of 62 years and whose total income from all sources, including that of his or her spouse or cotenant, does not exceed the amount specified as "very low income" in the regulations of the United States Department of Housing and Urban Development (HUD) for section 8 programs, as now existing or as hereafter amended.

**Low Income Disabled Citizen:** Means a person whose total income from all sources, including that of his spouse or cotenant, does not exceed the amount specified as "very low income" under the regulations of the United States Department of Housing and Development (HUD) for Section 8 programs, as now existing or as hereafter amended, and who is (1) a person qualifying for special parking privileges under RCW 46.16.381 (1)(a) through (f); or (2) a blind person as defined in RCW 74.18.020; or (3) a disabled, handicapped, or incapacitated person as defined under any other state or federal program .

Income Requirements	
Persons:	Total Household Income:
1	\$27,250
2	\$31,150
3	\$35,050
4	\$38,950

**7. Please fill out all areas completely for each applicant listed in section #1 who is contributing to the household.**

**Be sure to attach copies of all documentation, photo identification, and social security card/s.**

**Include the following:**

✓ 2 months of bank statements OR most recent income tax return

✓ Driver's License, passport or other photo ID of applicant A in question #1

✓ Rental or lease contract

Annual Income Source	Applicant A	Applicant B	Applicant C	Applicant D
Social Security (including Medicare)				
Public Assistance				
Interest/Dividend (1099)				
Salaries/Wages				
Business Income (Net)				
Supplement Security Income (SSI)				
Social Security Disability Income (SSDI)				
Veterans Payments				
IRA Withdrawal				
Gifts (Could be subjected to an allowance adjustment.)				
Other Sources (Include Capital Gains, other than gain excluded from income under section 12 of the federal internal revenue code to the extent it is reinvest in a new principal residence; Amounts deducted for loss; Amounts deducted for depreciation; Pension and annuity receipts; Military pay and benefits other than attendant-care and medical-aid payments; Veterans benefits other than attendant-care and medical-aid payments; Dividend receipts; and interest received on state and municipal bonds.)				
<b>Total</b>				

8. I promise that I will promptly notify the City in writing if I should move from the above residence or in the event of any change in my financial condition that would disqualify me from receiving the special rates for utility service.

☐ Yes    ☐ No

9. I promise to promptly repay the City for any undercharges that have been made if it is determined that I am not qualified.

☐ Yes    ☐ No

10. I agree to provide the City with such additional information about my income and residence as may be requested from time to time in order to establish eligibility.

☐ Yes    ☐ No

The credit shall only be allowed from and after the date that the citizen makes application for this credit. The City shall not be liable for failure of any qualified person to make application for the credit and there shall be no entitlement to such credit in the absence of an application therefore.

*I, the undersigned, do hereby certify under penalty of perjury, that I have read and understood all of the program guidelines provided on this application, and that all of the information provided by me on this application is true to the best of my knowledge. I understand that any attempt to falsify my information will result in my disqualification from this program. I further certify that my income remains the same as presented on my documentation.*

\_\_\_\_\_  
Applicant B Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant C Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant D Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\*as authorized by RCW 74.38.070 and the City of Redmond Ordinance 1976

**Applicant A in questions #1 must come to the City of Redmond, Public Safety, 2<sup>nd</sup> floor, building to have this form notarized.**

STATE OF WASHINGTON     )  
  )  
COUNTY OF KING         )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant A signature once at Notary Office

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Print Notary's Name

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of

Washington, residing at \_\_\_\_\_

My Commission expires: \_\_\_\_\_

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**UTILITIES OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTES:**